

CUSTOMER SERVICE DIVISION

Office locations:

7447 E. Indian School Rd., Suite 110
Scottsdale, AZ 85251

or

9379 E. San Salvador Dr., Suite 100
Scottsdale, AZ 85258

Telephone (480) 312-2400

Fax (480) 312-4806



**City of Scottsdale
SECONDHAND
APPLICATION**

City Sales Tax License Number _____

PC 2001

Fee \$100.00

General Provisions
Ordinance to Applicant
Date & Initial _____

Secondhand Ordinance
to Applicant
Date & Initial _____

Secondhand License Number _____

NOTE: ACCURACY IS IMPORTANT — PLEASE TYPE OR PRINT IN INK

To Applicant: Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. If questions are not applicable to you or your business, enter "N/A" as a response.

SECTION 1 (Check one)

This application is for a:

- ☐ New Business: Start Date: _____
(In Scottsdale)
- ☐ New Owner of Existing Business
- ☐ Information Update

SECTION 2 (Check one)

Type of ownership:

- ☐ Individual
- ☐ General Partnership or Limited Partnership
- ☐ Corporation or Limited Liability Company
- ☐ Other _____

SECTION 3

1. Applicant: _____
Last First Middle

2. Business Name: _____

3. Complete Business Address: _____

4. Complete Mailing Address: _____

5. Business Phone#: (_____) _____ Residence Phone#: (_____) _____

6. Description of Secondhand activity: _____

SECTION 4 List name(s) of owner(s), partner(s), officer(s), agent(s), shareholder(s) of 10% or more, on-site manager(s) and employee(s). All individuals listed must be fingerprinted. Attach additional sheets as necessary to disclose additional persons.

Legal Name: _____					_____
Last	First	Middle	Title/Position	Date of Birth	
Residential Address: _____					_____
Street	City	State	Zip	Telephone	

Legal Name: _____					_____
Last	First	Middle	Title/Position	Date of Birth	
Residential Address: _____					_____
Street	City	State	Zip	Telephone	

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Legal Name: _____					_____
Last	First	Middle	Title/Position	Date of Birth	
Residential Address: _____					_____
Street	City	State	Zip	Telephone	

SECTION 5 Corporation/Limited Liability Company/Other _____ (Circle One if applicable)

1. Name of Business Entity: _____
(Exactly as it appears on Articles of Incorporation or Organization)
2. Date of Incorporation/Organization: _____ State where Incorporated/Organized: _____
3. AZ C.C. File No. _____ Date authorized to do business in Arizona: _____
4. AZ L.L.C. File No. _____ Date authorized to do business in Arizona: _____
5. Is Corp./L.L.C./Other a non-profit? Yes/No (Circle One) If yes, give IRS tax exempt number: _____
6. If the corporation/L.L.C./Other is owned by another entity, attach a list of each officer, member, controlling person or other position held in the parent entity. Attach additional sheets as necessary to disclose controlling persons in the business.

SECTION 6

Do you own your business location? ____ Yes ____ No Is this a residence? ____ Yes ____ No

Landlord/Property Owner information: Name: _____ Phone #: (____) ____ - _____

Landlord/Property Owner Complete Address: _____

Do you rent a portion of your business premises to another entity? ____ Yes ____ No

SECTION 7 Other Licensing Requirements

Do you intend to lend money secured by taking possession of personal property? Yes _____ No _____

If yes: Maricopa County pawnshop license # _____ or

Attach a copy of your completed Maricopa County Pawnshop application

If necessary attach additional information on a separate sheet.

Is the applicant delinquent in payment to the city of any taxes, fees, fines, or penalties imposed upon the applicant, or arising out of any other business activity owned or operated by the applicant and licensed by the city? Yes _____ No _____

Secondhand licenses are subject to the approval of the Scottsdale Police Department.

I hereby certify that all answers to questions are true and complete, and I agree and understand that any misleading or false material facts may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale, State of Arizona.

DATE

APPLICANT SIGNATURE

FOR POLICE DEPARTMENT USE ONLY

Recommendation: Approved: _____ Denied: _____ Date: _____

If denied - Reason: _____

Officer

I.D. No.